

Authorization for Transfer of Gift Securities

Section 1:						
Name(s) of sec	urity or mutual	fund and number of sha	ares:			
						shares
						shares
Dlagga direct di	ift to: (specific	ministry, parish, school,	Dichon'	c Annual	Annaal andawma	nt fund ata)
_		mmistry, parish, school,	_			Percent split
						Percent split
						Percent split
Gifts to the Dia	ocese of Salina o	r Catholic Foundation wil	I be used	for gener	al purposes unless	otherwise indicated
Section 2:	N. (G.					
		s) on Account				
Account Numb	<u></u>					
		Rece	eiving Ac	count Info	rmation:	
Firm: Charles	Schwab & Co., I	nc D	TC:0164			
For credit to:	Catholic Foundat	ion for Diocese of Salina	A	ccount Nu	mber:5221-2817	
If you have any	questions regard th	nis transfer, please contact Ma	att Taylor &	316-802-66	01, or Blaise Heckman	n 816-802-6613, at CAPTRUST
Section 3:						
Donor Signature			_		Donor Signature	
Date			_		Date	
			_			
Donor Name (p	orint, please)				Donor Name (pri	int, please)
*This gift transfe	er needs to be sign	ned by all account owners e	xactly as	the name(s) appear on the owr	ner's account.
Donor Address	:					
	Street Address		City	State	Zip	Phone
			Inst	ructions:		
	After you and	your investment advisor ha	ave comp	leted this	form, please scan a	copy to: Heather Hartman,
	Director of Devel	opment, Catholic Foundatio	on for Dio	cese of Sa	llina heather.hartm	an@salinadiocese.org will
		forward this information	n to our i	nvestmen	t advisor to process	s the gift:
		matthew.taylor@captrus	st.com		blaise.heckman@caj	ptrust.com
103 N.9TH ST SALINA, KS 674		SALINA, KS 674	401	78	35-827-8746	SALINADIOCESE.ORG